

The David Lewis Centre

# Consort Close - Bollington

## Inspection report

2, 3 and 4 Consort Close  
Bollington  
Macclesfield  
Cheshire  
SK10 5FB

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection was unannounced and took place on the 2 March 2016.

Two, three and four Consort Close, Bollington is part of the David Lewis Centre's 'Community Programme' and is registered to provide accommodation for 12 people who require support and care with their daily living. There are two separate adjacent properties which are located on a residential estate in Bollington, which is a village approximately three miles from Macclesfield town centre. There are two linked bungalows accommodating 11 people and an adjacent house where one person was living independently with only minimal support from staff members. These domestic type properties are close to shops, public transport and other local amenities within Bollington. Staff members are available twenty four hours a day. At the time of our visit there were 12 people living there.

Consort Close had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager, (their job title within the organisation was service manager), did not work in the home on a daily basis. Day to day management was provided by a residential manager who had responsibility for a total of four services operated by David Lewis and the team leaders who managed each shift.

We spoke to eight of the people living at Consort Close and asked them what they thought about the home and the staff members supporting them.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights if they had difficulty in making decisions for themselves.

We asked staff members about training and they confirmed that they received regular training throughout the year, they described this as their mandatory training and that it was up to date.

The care plans, which within the David Lewis Centre were called common care files were reviewed regularly so staff knew what changes, if any, had been made. The files each had a 'one page profile' which explained what was important to the individual and how best to support them. This helped to ensure that people's needs continued to be met. These were due to be transferred on to the organisations new computerised system called 'I Care' in April 2016.

Staff members we spoke with were positive about how the home was being managed. Throughout the

inspection we observed them interacting with each other in a professional manner. The staff members we spoke with were positive about the service and the quality of the support being provided.

The relationships we saw were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff.

We found that the provider and the home used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on areas such as the care files, including risk assessments, medication, individual finances and staff training. The records were being maintained properly.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living at the home on the day of our inspection.

Staff members confirmed that they had received training in protecting vulnerable adults.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicines was safe.

### Is the service effective?

Good ●

The service was effective.

Staff members received regular training and on-going supervision. The four staff members that we spoke with said that they felt that their training needs were being met.

Policies and procedures were in place regarding the MCA and DoLS and staff members had a good understanding of the MCA.

### Is the service caring?

Good ●

The service was caring.

The people using the service were positive about the staff members.

The staff members we spoke to could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people in order to ensure that they received the care and support they needed. The relationships we saw were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff.

### Is the service responsive?

Good ●

The service was responsive.

There was a formal care review process in place. This was done with the involvement of the people living in the home and where applicable their family members.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these were addressed within the timescales given in the policy. There had not been any complaints made.

The common care files were reviewed regularly so staff knew what changes, if any, had been made. The files each had a 'one page profile' which explained what was important to the individual and how best to support them.

### Is the service well-led?

Good ●

The service was well- led

There was a registered manager in place.

The registered and residential managers spoke with the people living in the home on a very regular basis. This meant that information about the quality of service provided was gathered on a continuous and on-going basis.

The organisation had robust systems in place to audit the quality of service being provided at Consort Close.

# Consort Close - Bollington

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on the 2 March 2016. The inspection was carried out by one adult social care inspector.

Before the inspection we checked the information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information we held prior to visiting.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with eight of the people living in the home and asked what it was like to live in Consort Close and what they thought of the staff members supporting them.

Consort Close is two linked bungalows and a separate house so we were conscious of not being intrusive. We looked at all areas of the two bungalows and found that they were well furnished, homely and had been adapted to meet the needs of the people living there. This enabled us to observe where people's care and support was provided. We looked at four care files as well as other documents including policies and procedures and audit materials. Only one person lived in the house next to the bungalows; they were living independently so we did not visit them during this inspection.

# Is the service safe?

## Our findings

We asked eight of the people living in the home whether they enjoyed living there, did they feel safe and did they like the staff members supporting them. Everyone who commented said that they did like living at Consort Close and that they got on well with the staff members. Comments included, "I am safe here". We did not identify any concerns regarding their safety during the inspection and observed during the inspection that there were relaxed and friendly relationships between the people living at Consort Close and the staff members supporting them.

Our observations during the inspection were of a clean, homely environment which was safe and comfortable and had been adapted to meet the needs of the people living there.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any problems that arose were dealt with openly and people were protected from possible harm. The residential manager we have spoken to a number of times previously is aware of the relevant safeguarding process to follow. Any concerns would be reported to the local authority and to the Care Quality Commission [CQC]. Homes such as Consort Close are required to notify the CQC and the local authority of any safeguarding incidents that arise. There had been no safeguarding incidents requiring notification at the home since the previous inspection took place.

The staff members we asked during the inspection were aware of the relevant process to follow if a safeguarding incident occurred. They told us that they would report any concerns to the safeguarding lead in the social work team at the David Lewis Centre and they were aware of their responsibilities when caring for vulnerable adults. The staff members confirmed that they had received training in this area and that this was updated on a regular basis. They were also familiar with the term 'whistle blowing' and they said that they would report any concerns regarding poor practice they had to senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse or poor practice.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that staff were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example, helping to cook a meal, going to the pub were kept in the common care file.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan [PEEPS] in place. This demonstrated good practice and would be used if the home had to be evacuated in an emergency such as a fire. They provided details of any special circumstances affecting the person.

The staffing rotas we looked at demonstrated that there were usually three staff members on duty during the morning and four in the afternoon whenever the people living in the house were there. During the day and dependent on any activity that people participated in, for example attending day services, shopping for

food then this number may change. Three of the people living in the home also had some one to one support hours that were in addition to the rota. The registered manager and residential manager were in addition to these numbers. During the night there was two waking night staff members on duty.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide appropriate care. From our observations we found that the staff members knew the people they were supporting well. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

We did not look at any recruitment files during this inspection. We have recently inspected three similar services operated by the same provider and in order to check that safe recruitment procedures were in place we visited the provider's human resources department on the 22 January 2016. During this visit we looked at the files for two newly appointed staff members working in a similar setting to Consort Close. We found that the appropriate checks had been made to ensure that the prospective employees were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the provider required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started working for the David Lewis Centre. In addition and to ensure the system was robust we discussed the procedure for employing new staff members with one of the HR advisors responsible for staff recruitment. They explained the processes used, including the checking of recruitment history and any gaps in employment or convictions.

We saw that policies and procedures were in place to help ensure that people's medicines were being managed appropriately. Medicines were kept in a lockable cupboard in the home. We carried out a check on the administration records signed by staff members whenever any medicine was given and the actual medicines stored in the cabinet. We saw that clear records were kept of all medicines received into the home and of any medicines that had been returned to the pharmacy as no longer required. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medicines safely. Staff members received regular medicine training. Some of the people living in Consort Close were able to self administer their own medicines and systems, including verbal checks and audits were in place to ensure they continued to do this safely.



# Is the service effective?

## Our findings

We have ascertained during the inspections of three similar services to Consort Close that took place during December 2015, January 2016 and February 2016 that any new staff member commencing work with the David Lewis Centre would have to undertake a seventeen day induction that was a combination of both classroom based sessions, eleven days, and working in their respective workplace, six days. This induction process was designed to ensure they had both the relevant qualifications and the skills they needed to do their jobs effectively and competently. On the days they worked in the house they would be a supernumerary member of staff and would shadow existing staff members and would not be allowed to work unsupervised. Shadowing is where a new staff member worked alongside either a senior or experienced staff member. This process would apply to any new staff members being employed to work at Consort Close. Following this initial induction new staff members would then be enrolled and undertake the Care Certificate. This qualification is part of a nationally recognised framework for staff induction and training and is divided into a set of 15 standards that health and social care workers should adhere to. These standards include working in a person centred way, duty of care, privacy and dignity and safeguarding.

Once the staff member had completed the above their training became part of the on-going training system operated by the David Lewis Centre. All staff were expected to undertake mandatory three day refresher training each year. This was maintained and organised by the training department based at the head office. All staff had annual updates that covered areas such as epilepsy, moving and handling, safeguarding, dementia, first aid and nutrition. Medication training for those staff administering medicines was arranged separately. Other areas such as the Mental Capacity Act and DoLS were also included in both the initial induction and refresher training. We were able to confirm this by looking at the training timetables, training matrix being maintained and from the staff members we spoke with during the inspection. They all told us that their training was up to date.

The staff members we spoke with told us that they received on-going support, supervision and appraisal. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

We observed that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. During our visit we saw that they took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent.

Visits to community health care professionals, such as GPs and district nurses were recorded so staff members would know when these visits had taken place and why.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Policies and procedures had been developed by the David Lewis Centre to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw that mental capacity assessments had been completed and where necessary a best interest meeting had been held. Only one person living in the home was subject to a DoLS; this was applied for because the person was unable to consent to care being provided..

There was a kitchen within each of the two bungalows and menus were planned informally. This was done on a rota basis and was largely based on experience of what people liked to eat. This provided a flexible menu for people. On the day of our inspection there was different meal cooked in each of the bungalows, one person had a take-away from the local Indian restaurant and one person went out for 'steak night' at a local pub. The person living in the house cooked their own meals. Drinks were readily available whenever anybody wanted them. People's weights were monitored as part of the overall care planning process. This was done to ensure that people were not losing or gaining weight inappropriately.

Consort Close is a domestic property and there were no obvious signs on the outside that it was anything other than two ordinary bungalows and house. The bungalows were comfortably furnished and homely.

The staff members we spoke with were very positive about the home and the standard of support that was being provided.

## Is the service caring?

### Our findings

We asked eight of the people living at Consort Close about the home and the staff members working there. Everyone who commented said that they liked the staff members supporting them and that they liked living there. Comments included, "I am happy here and generally like the staff", "I like living here, I get on well with people. The staff always treat me well, I like them", "I like living here and like the staff" and "I like it here, the staff are treating me properly".

The four staff members we spoke with during the inspection showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were clear on the aims of the service and their roles in helping people maintain their independence and ability to make their own choices in their lives. One staff member said, "I love it here, I enjoy working with people". We saw there was good interaction, communication and understanding between the staff and the people who were receiving care and support. The relationships between the people living in the house and the staff members supporting them were warm, respectful, dignified and with plenty of smiles. The people living in the house appeared relaxed and comfortable with the staff and vice versa.

We saw that the people living at the service looked clean and well-presented and were dressed appropriately for the weather on the day.

The quality of the décor, furnishing and fittings provided people with a homely comfortable environment to live in. The bedrooms seen, with the consent of the person whose room it was, were personalised, comfortable, well-furnished and contained items of furniture and individual items belonging to the person. These had all been decorated to reflect the preferences of each person.

The David Lewis Centre had developed a range of information, including an easy read service user guide for the people living in the home. This gave people relevant information on such areas such as how to make a complaint.

None of the people using the service had an advocate at the time of the inspection visit.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

## Is the service responsive?

### Our findings

We looked at four care plans, which within the David Lewis Centre were called common care files [CCF]. We saw that they included people's support plans and risk assessments. The plans we looked at were person centred and included, for example, information on how best to communicate with the person and their likes and dislikes. They also contained evidence to show how the views of the person using the service had been taken into account when planning what they wanted. We saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained and were up to date. The plans were reviewed regularly so staff knew what changes, if any, had been made. The files each had a 'one page profile' which explained what was important to the individual and how best to support them. This is recognised good practice.

We did not see any pre-admission paperwork for the people living in the home at the time of our visit because eleven people had lived there for a long time. The twelfth person had recently moved from another service operated by the David Lewis Centre. We are aware that the provider does have an assessment process in place should this be required in the future. This would include a gradual introduction into the home; by visiting for a meal, spending a few hours there and having an overnight stay so that when the placement became permanent it would be successful for all parties.

In addition to the care files the staff members kept a record of people's weights. This was done so that any significant weight changes could be monitored and if necessary medical advice could be obtained.

All of the people living at Consort Close had their own weekly timetable which provided guidance for the mornings and afternoons during the week. This had been agreed with each person and included on house activities such as shopping for food, cooking and housework as well as other activities such as garden maintenance, working in a shop, working at the farm operated by David Lewis, and attending college. People were free to choose what to do and where to spend their time during the evenings and weekends.

In addition to the on-going review of the care plans there was also a formal review process in place. This was done with the involvement of the people living in the home and where applicable and their family members. The people we spoke confirmed this during our inspection.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. There had been no complaints made since our last inspection had taken place. People were made aware of the process to follow in the service user guide. This was available in an easy read format. We did not identify any issues of concern during our inspection.

## Is the service well-led?

### Our findings

The residential manager has told us previously that they visited the home on a regular basis. The registered manager also visited at least once a week. This meant that information about the quality of service provided was gathered on a continuous and on-going basis with direct communication with the people who lived there.

There was a notice board in both kitchens and in the corridor that contained a variety of easy read information for people to use if needed; this included information on 'your rights', 'what is bullying', easy read safeguarding and complaints information.

Direct feedback from the people living at Consort Close about the quality of the service being provided was also obtained via the review process.

Regular house meetings were being held and there was a file containing the minutes being kept. There were two versions of the minutes produced, one was a written version and the other was in an 'easy read' pictorial format. We looked at the minutes of the last meeting held on the 22 February 2016 and could see that a variety of topics such as holidays, activities and household issues such as the laundry and dating juice cartons had been discussed.

The David Lewis Centre also had a service user council and the most recent newsletter was displayed on the corridor notice board for people to read.

The four staff members we spoke with over the two days of the inspection were positive about how the home was being managed and throughout the inspection we observed them interacting with each other in a professional manner. They were positive about the service and the quality of the care being provided. We asked them how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They said they could raise any issues and discuss them openly within the staff team and with the residential or registered manager.

The registered and residential manager spoke with the people living in the home on a very regular basis. The staff members told us that regular staff meetings were held and that these enabled managers and staff to share information and / or raise concerns. We looked at the last meeting held on the 26 January and could see that health and safety, the environment, service users, rota's, staff responsibilities and action from the previous meeting had been discussed.

We found that the provider and the home used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on areas such as the common care files including risk assessments, medication, individual finances, staff training and health and safety. The records were of a good standard, they were up to date and they were being maintained properly.

The provider undertook periodic monitoring, for example the completion of a full annual health and safety audit, the last being undertaken on the 16 June 2015. The residential manager had also undertaken a community services quality audit recently. This helped to ensure any issues in these areas were identified and addressed in a timely manner. We looked at the quality audit undertaken on the 25 February 2016 and could see that it had covered a number of areas including, the outside of the building, the office, communal areas, bedrooms/flats, COSHH storage and the kitchen. Any actions from this audit, for example it was identified that the COSHH files needed to be updated; this has since been completed.

Maintenance certificates for any equipment in the home, for example, gas safety and the electrical system were also all in place.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

As part of the inspection, we noted that information was clearly displayed in the staff areas about policies and training. We repeatedly requested folders and documentation for examination. These were all produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.